



RENEWAL APPLICATION

VMB USE ONLY
Receipt #:

Check One: ☐ Veterinarian \$250.00 ☐ Technician \$100.00 ☐ Premises Permit \$100.00 ☐ Delinquent (Over 30 days late) \$25.00

NAME _____

LICENSE NUMBER: _____ TELEPHONE: _____ (Not public)

BUSINESS NAME _____
(You may provide your place of employment or a post office box in lieu of a home address. **This address is public information and will appear on our web site.**)

ADDRESS _____

CITY _____ STATE _____ ZIP _____

Renewal Instructions

1. Fill in your name and current address above
2. VETERINARIANS Answer questions #1, #2, and sign #3
3. TECHNICIANS & PREMISES PERMITS Answer question #2 and sign #3
4. Return this form with your renewal payment to the address above. ALLOW 14 DAYS FOR PROCESSING

1. CONTINUING EDUCATION (CE) – VETERINARIANS ONLY

ACTIVE

☐ I have completed 36 hours of approved CE within the last two years **OR** I am a licensee renewing my license for the first time. (CE's are not required for first time renewals.)

INACTIVE

☐ I have **not completed** the required hours of CE. I understand that I cannot practice veterinary medicine with an inactive license.

2. CONVICTION INFORMATION - Required for all renewal types

Since you last renewed your license, have you been convicted or pled nolo contendere to a felony or misdemeanor, other than a minor traffic violation, or had any disciplinary action taken against you by any licensing/regulatory agency in this or any other state?

☐ Yes ☐ No

3. DISCLOSURE SIGNATURE – Required for all renewal types

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

SIGNATURE _____ Date _____